
AHS Community Profiles of Health and Well-being

NOVEMBER 2016



COMMUNITY PROFILES

Vision:

Increase public access to population data about health and well-being that communities can use to understand local conditions, plan to address disparities, and work together to measurably improve quality of life.

WEBINAR OVERVIEW

- Introduce AHS Community Profiles of Health and Well-being
- Demonstrate Community Profile online prototype
- Outline opportunities to recommend Profile topics and population indicators
- Questions – submit through Webinar “Chat”

HISTORY: AHS COMMUNITY PROFILES (1995-2008)

2007 Community Profile



For the Community Served by:
Addison Northwest
Supervisory Union



Prepared By:
Vermont Agency of Human Services
Planning Division

www.ahs.state.vt.us

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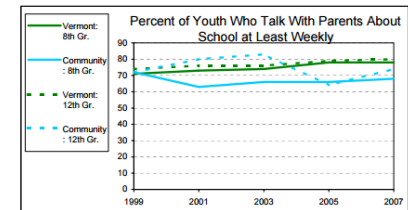
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Percent of students with special education IEPs	12
Estimated percent high school completion	12

Report for the community served by Addison Northwest Supervisory Union
(Includes the towns of Addison, Ferrisburg, Pantion, Vergennes, Waltham)
County: Addison; AHS District: Middlebury

OUTCOME: FAMILIES, YOUTH AND INDIVIDUALS ARE ENGAGED IN THEIR COMMUNITY'S DECISIONS AND ACTIVITIES

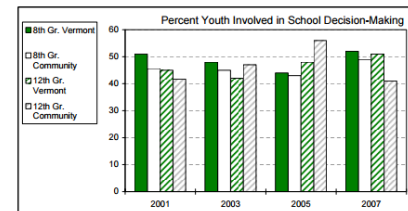
Indicator: Percent of youth who report parents talk regularly with them about school

	Vermont Rate	Community Rate
Year: 1999 8th Gr.	71	72
12th Gr.	74	72
Year: 2007 8th Gr.	78	68
12th Gr.	80	74

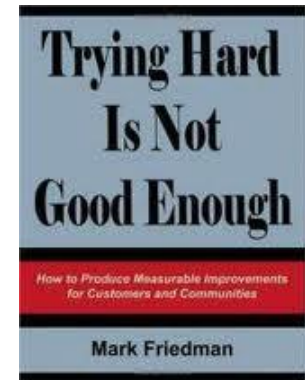
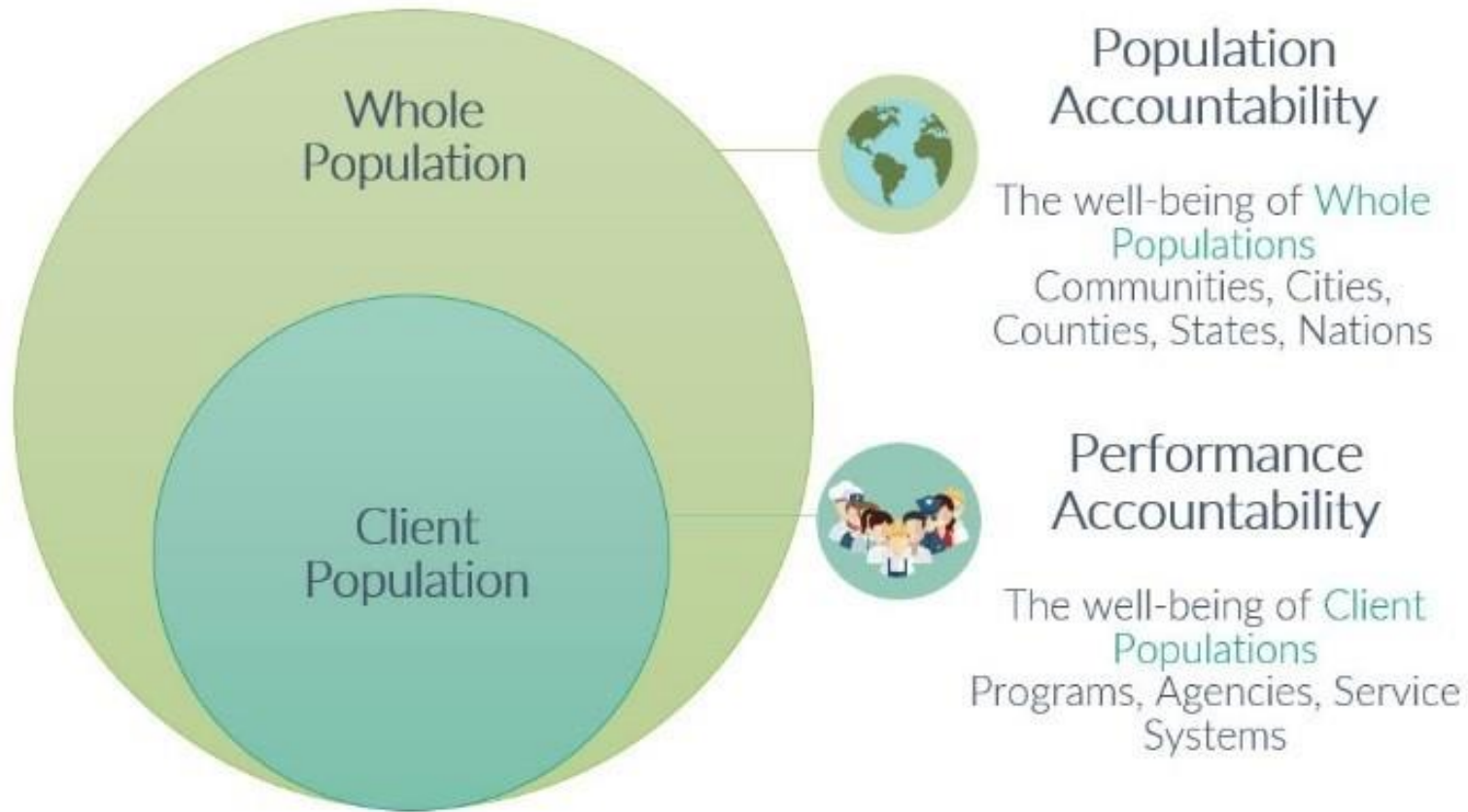


Indicator: Percent of youth who report they help decide what goes on in their school

	Vermont Rate	Community Rate
Year: 2001 8th Gr.	51	46
12th Gr.	45	42
Year: 2007 8th Gr.	52	49
12th Gr.	51	41



RESULTS-BASED ACCOUNTABILITY™



Learn more about Results-Based Accountability

INDICATOR VS. PERFORMANCE MEASURE DATA

Population Accountability

OUTCOME/Result: Desired condition of well-being for a whole population

INDICATOR: Measure that helps quantify the achievement of an outcome

Performance Accountability

PERFORMANCE MEASURE: Measure of how well a program, agency, or service system is working.

1. How much are we doing it?
2. How well are we doing it?
3. Is anyone better off? = PROGRAM or CUSTOMER OUTCOME

USING RBA TO “TURN THE CURVE”

1. What are the quality of life conditions we want for the individuals, children, and families in our communities?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of those conditions?
5. Who are the partners that have a role to play in doing better?
6. What works to do better? (Including no-cost and low cost ideas)
7. What do we propose to do?



COMMUNITY PROFILES TODAY

- Increase access to data about the well-being of populations in geographic areas
- Increase access to data across sectors (education, health, safety, economy, quality of life)

To support and drive:

- Data-driven planning, decision-making, grant applications, budgeting/funding, shared accountability
- Meaningful alignment of local plans and measurable impact with the “The Outcomes Bill” (Act 186) to maintain a common agenda for Vermont
- Results-Based Accountability, Collective Impact, Outcome/Value-Based Payment Models and other collaborative partnerships

STRATEGY

- Online portal through AHS website
- Curated AHS Community Profiles (by topic, setting, target population, etc.)
 - Adding indicators of health and well-being to VDH Instant Atlas software and web portal
- Support for District Offices to navigate and actively use portal with community partners

ACT 186 INDICATORS INCLUDED IN PROTOTYPE

• Percent of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4)	• Fall-related death rate per 100,000 adults age 65 and older
• Percent of adults age 20 and older who are obese	• Percent of persons age 12 and older who need and do not receive alcohol treatment
• Rate of pregnancy per 1,000 females age 15–17	• Percent of persons age 12 and older who need and do not receive illicit drug use treatment
• Rate of pregnancy per 1,000 females age 18–19	• Percent of persons age 12 and older who misused a prescription pain reliever in the past year
• Rate of infant mortality per 1,000 live births	• Rate of suicide per 100,000 Vermonters
• Percent of pregnant women who receive first trimester prenatal care	• Percent of population living below the federal poverty level, below 200% of the federal poverty level and below 400% of the federal poverty level
• Percent of children receiving child care subsidy attending high quality early childhood programs	• Percent of adolescents age 12-17 binge drinking in the past 30 days
• Number of persons who are homeless (adults and children)	• Percent of adults who smoke cigarettes
• Percent of children age 17 or younger with health insurance	• Percent of adolescents in grades 9-12 who smoke cigarettes
• Percent of adults age 18-64 with health insurance	• Percent of high school seniors with plans for education, vocational training, or employment

PROTOTYPE DEMONSTRATION



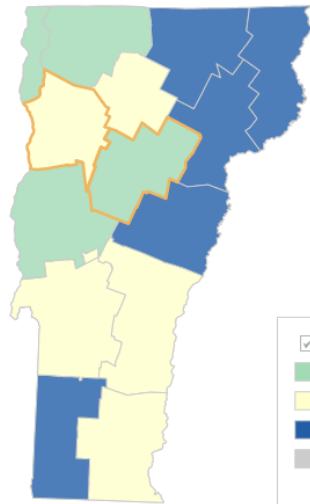
Data

Filter

Map | Tabular

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Percent of population below the federal poverty level; US Census - ACS, (2010-2014)



Legislative Outcomes of Well-Being for Vermonters (Act 186)

This profile compiles data and information about how all Vermonters are doing in relation to statewide indicators. The population-level outcomes/results and indicators presented on this page were established in the 2014 Legislative Session. Vermont's Agency of Human Services reports this information to the Legislature annually. To understand this data in a broader context, check out the Performance Scorecards available on the [Agency of Human Services](#) and [Healthy Vermonters 2020](#) websites.

Help

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Agency of Human Services Health & Well-being County Profile

Indicator	County	County Value	Vermont Value	Statistical Comparison and Indicator Range for All Vermont Counties
children residents (2016)	Washington County	1.5	2.1	1.3 3.7
Homeless adult rate per 1,000 adult residents (2016)	Chittenden County	2	1.7	0.5 2.6
	Washington County	2.1	1.7	0.5 2.6
Percent of population below the federal poverty level; US Census - ACS, (2010-2014)	Chittenden County	11	12	8 17
	Washington County	10	12	8 17
Percent of adults age 18-64 with health insurance; US Census - ACS - 5 Year, (2010-2014)	Chittenden County	93	91	82 93
	Washington County	91	91	82 93
Percent of children age 17 and younger with health insurance; US Census - ACS - 5 Year, (2010-2014)	Chittenden County	98	98	96 100
	Washington County	97	98	96 100
Rate of suicide per 100,000 Vermonters; Vital Statistics, (2010-2012)	Chittenden County	11.8	12.8	11.8 23.7
	Washington County	15.6	12.8	11.8 23.7
Fall-related death rate per 100,000 adults age 65 and older; Vital Statistics, (2010-2012)	Chittenden County	136.7	126.2	76.2 151.5
	Washington County	103.9	126.2	76.2 151.5

+/- Pregnant women and young people thrive.

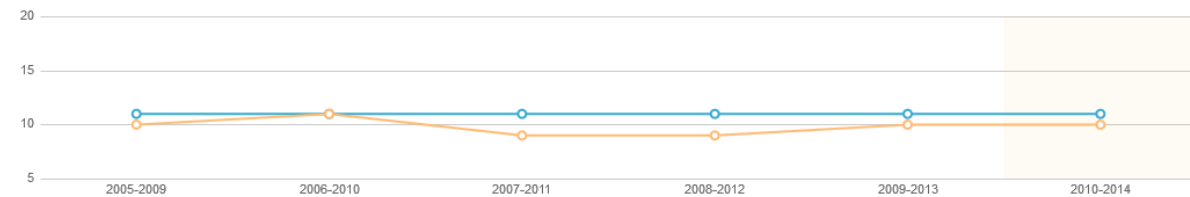
+/- Children are ready for school.

+/- Youths choose healthy behaviors.

+/- Youths successfully transition to adulthood.

▼ Worse ▲ Better ● Same ⬆ Higher ⬇ Lower ■ Not statistically comparable | Vermont

Percent of population below the federal poverty level; US Census - ACS, (2010-2014)



Chittenden County Washington County

Powered by InstantAtlas

TIMELINE

- **Winter 2017:**
 - Regional gatherings to solicit input about profile topics and recommendations for specific indicators to include
- **Spring 2017:**
 - Identify indicator availability
 - Populate first profiles
- **Summer 2017:**
 - Publish first profiles, access through the AHS website
 - Regional meetings to support learning and use

HOW YOU CAN STAY INVOLVED

- Regional Stakeholder Workshops
 - Exact dates and locations will be mailed to the full webinar invitee list
- AHS Website
 - Community Profiles prototype
 - Shareable link to the recorded webinar
- Email additional questions to AHS.COCommunityProfiles@vermont.gov

QUESTIONS

Thank you!